

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039064

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1872

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUDY

AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis admission)

c. CITY OR TOWN O'Fallon

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Doctors Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

View Point Lane

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CARL

Middle

DALE

Last

BEERS

4. DATE OF DEATH

Month Day Year
October 28, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/22, 1935 27

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Freighting

10b. KIND OF BUSINESS OR INDUSTRY

Freight Line

11. BIRTHPLACE (City and state or country)

Broseley, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Argel Beers

13b. MOTHER'S MAIDEN NAME

Ella Potter

14. NAME OF HUSBAND OR WIFE

Evelyn Beers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Evelyn Beers, O'Fallon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma, brain, metastatic

DUE TO (b)

Embryonal cell carcinoma

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7:50 A. M.

to

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/31/1963

23c. NAME OF CEMETERY OR CREMATORY

Brown Chapel

23d. LOCATION (City, town, or county)

Broseley, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

FRANK-COTRELL CHAPEL, Poplar Bluff, Mo. 11/12/63 Howard White M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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NOV. 14 1963

MAR 31 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Scott Cobell

Licensed Embalmer No. *5814*

P. O. Address

Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.